

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PATRIOTS FOR TRUMP

ADDRESS (number and street) ▼

2776 S ARLINGTON MILL DR #806

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00586826

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PATRIOTS FOR TRUMP

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 12 2015

To:

 M M / D D / Y Y Y Y Y
 12 31 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	131622.69	131622.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	131622.69	131622.69
7. Total Disbursements (from Line 31)	130648.12	130648.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	974.57	974.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	100.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PATRIOTS FOR TRUMP

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

22100.00

22100.00

(ii) Unitemized

109422.69

109422.69

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

131522.69

131522.69

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

131522.69

131522.69

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

100.00

100.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

131622.69

131622.69

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

131622.69

131622.69

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6172.16	6172.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6172.16	6172.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	122475.96	122475.96
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	130648.12	130648.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	130648.12	130648.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	131522.69	131522.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	131522.69	131522.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	6172.16	6172.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	6172.16	6172.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 66

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. MS GAIL ANDERSON 128

Mailing Address 416 UNION AVE

City State Zip Code
SARATOGA SPRINGS NY 12866

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.4375

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. MR GEORGE C ANDERSON 972

Mailing Address 7420 SW LA VIEW DR

City State Zip Code
PORTLAND OR 97219

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MS LYNNE ARCHER 774

Mailing Address 20 SAINT PETERS WALK

City State Zip Code
SUGAR LAND TX 77479

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARCHER KIA ARCHER VOLKSWAGON

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2015

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. MS LYNNE ARCHER 774

Mailing Address 20 SAINT PETERS WALK

City State Zip Code
SUGAR LAND TX 77479

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARCHER KIA ARCHER VOLKSWAGON

Occupation
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. PURNIMA BACKLAS 770

Mailing Address 8809 BURKHART RD

City State Zip Code
HOUSTON TX 77055

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MS ALISON BARKLEY 834

Mailing Address 1892 FALL LINE DR

City State Zip Code
DRIGGS ID 83422

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAWYER

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. MR ARTHUR W BROUGHTON 334

Mailing Address 156 GULFSTREAM DR

City
TEQUESTAState Zip Code
FL 33469FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : SA11AI.4835

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR DENNIS A CALVANESE 341Mailing Address 5555 HERON POINT DR
PH 1City
NAPLESState Zip Code
FL 34108FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : SA11AI.4947

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MS SUE M CANNON 802

Mailing Address 6420 W LAKERIDGE RD

City
LAKEWOODState Zip Code
CO 80227FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.4961

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

6250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. MR BUDDIE E CARROLL 379

Mailing Address 9165 GREY POINTE DR

City State Zip Code
 KNOXVILLE TN 37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FREIGHTLINER OF KNOXVILLE

Occupation
 DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11AI.5013

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MIKE COHEN 087

Mailing Address 14 OAK GLEN RD

City State Zip Code
 TOMS RIVER NJ 08753

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CWR ELECTRONICS

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.5138

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MS NANCY COPELAND 024

Mailing Address 10 SMITH FARM LN

City State Zip Code
 LEXINGTON MA 02421

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation
 NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.5192

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. MR ROLAND L COVERDALE 327

Mailing Address 2480 DOUBLE TREE PL

City

OVIEDO

State

FL

Zip Code

32766

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

NONE

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : SA11AI.5251

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR CURTIS L DEBORD 894

Mailing Address 12301 I 80 EAST

City

SPARKS

State

NV

Zip Code

89434

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MRS LORNA M FISH 189

Mailing Address 3 E PICKERING BEND

City

RICHBORO

State

PA

Zip Code

18954

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : SA11AI.5747

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. MR STEFANO HANKEWYCZ 113

Mailing Address 3209 BELL BLVD

City
BAYSIDE

State Zip Code
NY 11361

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONSTRUCTION

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2015

Transaction ID : SA11AI.6138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR DONALD W HARRIS 904

Mailing Address 1812 NAVY ST

City
SANTA MONICA

State Zip Code
CA 90405

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTH CARE

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 14 / 2015

Transaction ID : SA11AI.6192

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR JOHN C HUGHES 864 JR

Mailing Address 4217 COLT DR

City
LAKE HAVASU CITY

State Zip Code
AZ 86404

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUGHES SUPPLY CO

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2015

Transaction ID : SA11AI.6441

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. MS MARY JOSEPH 894

Mailing Address 12301 INTERSTATE 80 E

City State Zip Code
SPARKS NV 89434

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.6592

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MELVIN KAFTAN 480

Mailing Address 29100 NORTHWESTERN HWY
STE 369

City State Zip Code
SOUTHFIELD MI 48034

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAFTAN ENTERPRISES

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.6612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MS SUSAN LLOYD 100

Mailing Address 46 E 71ST ST

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SA11AI.6976

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. MR ARTHUR MASKALA 891

Mailing Address PO BOX 33609

City
LAS VEGAS

State Zip Code
NV 89133

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SA11AI.7142

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GLYNNE MILLER 928

Mailing Address 755 S EDGEVIEW CIRCLE

City
ANAHEIM HILLS

State Zip Code
CA 92808

FEC ID number of contributing
federal political committee.

C

Name of Employer

EXCEL TIRE & WHEEL

Occupation

SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.7338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. AL MOORE 631

Mailing Address 9910 PAGE AVE

City
ST LOUIS

State Zip Code
MO 63132

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOORE FOOD DISTRIBUTORS

Occupation

FOOD SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11AI.7409

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. THOMAS MUELLER 402

Mailing Address 1300 WEST MAIN STREET

City
LOUISVILLE

State Zip Code
KY 40203

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.7451

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRITZ OLIVIER 209

Mailing Address 13110 PRINCEVILLE COURT

City
SILVER SPRING

State Zip Code
MD 20904

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.7609

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES RADCLIFFE 070

Mailing Address 100 PASSAIC AVENUE
SUITE 220

City
FAIRFIELD

State Zip Code
NJ 07004

FEC ID number of contributing
federal political committee.

C

Name of Employer

DENTISTRY TODAY

Occupation

PUBLISHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.7953

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. TIMOTHY ROTHWELL 085

Mailing Address 207 SANDY RIDGE-MT AIRY RD

City

STOCKTON

State

NJ

Zip Code

08559

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.8154

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MS JANICE B RUBEL 331

Mailing Address 2000 S BAYSHORE DR
APT 68

City

MIAMI

State

FL

Zip Code

33133

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : SA11AI.8166

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MS ANGELIA L RUGNITZ 333

Mailing Address 2559 JARDIN WAY

City

WESTON

State

FL

Zip Code

33327

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.8177

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. ROBERT SCHWARTZ 857

Mailing Address 65293 EAST ROCKY MESA DR

City
TUCSON

State Zip Code
AZ 85739

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2015

Transaction ID : SA11AI.8312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD C THORNTON 503

Mailing Address 3106 SOUTHERN HILLS DR

City
DES MOINES

State Zip Code
IA 50321

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARIC INC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.8760

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MR DON WEAVER 786

Mailing Address 125 GLENDALE RD

City
SPICEWOOD

State Zip Code
TX 78669

FEC ID number of contributing
federal political committee.

C

Name of Employer

URBAN CONSTR

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 26 / 2015

Transaction ID : SA11AI.9039

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. MS PEGGY P WOODRUFF 303

Mailing Address 88 W PACES FERRY RD NW
UNIT 1540

City State Zip Code
ATLANTA GA 30305

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SA11AI.9228

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

22100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PATRIOTS FOR TRUMP

Full Name (Last, First, Middle Initial)

A. SCOTT B MACKENZIE

Mailing Address 2776 S ARLINGTON MILL DR #806

City State Zip Code
 ARLINGTON VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 14 2015

Transaction ID : SA13.4267

Amount of Each Receipt this Period

100.00

PERSONAL LOAN TO OPEN ACCOUNT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

100.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOTS FOR TRUMP

A. FIRSTMERIT BANK

Date of Disbursement

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, and a mix). The first display shows '12', the second shows '04', and the third shows '2015'. They are arranged horizontally and separated by slashes.

Transaction ID : SB21B.4198

00:

Amount of Each Disbursement this Period

Candidate Name
PATRIOTS FOR TRUMP

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

Date of Disbursement

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4199

Purpose of Disbursement	
MERCHANT SERVICE CHARGE	

00

Amount of Each Disbursement this Period

Candidate Name
PATRIOTS FOR TRUMP

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FIRSTMERIT BANK

Date of Disbursement

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4200

Purpose of Disbursement	
MERCHANT SERVICE CHARGE	

00'

Amount of Each Disbursement this Period

Candidate Name
PATRIOTS FOR TRUMP

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

360.11

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOTS FOR TRUMP

A. RAISE THE MONEY INC

Date of Disbursement

Transaction ID : SB21B.4264

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

A diagram of a 16-bit bus. The bus is represented by two horizontal lines with 16 small vertical tick marks along the bottom line. The value 1.64 is displayed on the right side of the bus.

B.

Date of Disbursement

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

The diagram shows three rectangular boxes representing DNA sequences. The first box contains 'M' at the top left and 'M' at the top right, with a small grey square below the first 'M'. The second box contains 'D' at the top left and 'D' at the top right, with a small grey square below the first 'D'. The third box contains 'Y' at the top left, 'Y' at the top middle, 'Y' at the top right, and 'Y' at the top far right, with small grey squares below each 'Y'. The boxes are separated by slashes (/).

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	1.64

TOTAL This Period (last page this line number only).....

5799.30

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

PATRIOTS FOR TRUMP

A. WOUNDED WARRIOR PROJECT

Mailing Address 1120 G STREET NW
SUITE 700

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement

CONTRIBUTION

Candidate Name

PATRIOTS FOR TRUMP

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 12/15/2015 in MM/DD/YYYY format. The first display shows '12' with 'M' labels above. The second shows '15' with 'D' labels above. The third shows '2015' with 'Y' labels above.

Transaction ID : SB29.4278

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length. The vertical supports are located at the ends of the beams and at several intermediate points.

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 OF 66

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4267

PATRIOTS FOR TRUMP**LOAN SOURCE** Full Name (Last, First, Middle Initial)

SCOTT B MACKENZIE

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON

State VA

ZIP Code 22206

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Date Due

M M M / D D D / Y Y Y Y Y Y

UPON
REQUEST

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

TOTALS This Period (last page in this line only)..... ►

100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Full Name of Payee AMERICAN EXPRESS [MEMO ITEM]		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 13 / 2015	
Mailing Address PO BOX 650448		Amount 1869.56	
City DALLAS	State TX	Zip Code 75265	Transaction ID : SE.4156
Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAILING	Category/ Type	004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2015
Name of Federal Candidate DONALD J TRUMP	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: 00 State: NH
Calendar Year-To-Date Per Election for Office Sought	2268.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 66
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00586826 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee AMERICAN EXPRESS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address PO BOX 650448			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1869.56</div>		
City DALLAS	State TX	Zip Code 75265	Transaction ID : SE.4230 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAILING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">17484.44</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee AMERICAN EXPRESS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address PO BOX 650448			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1869.56</div>		
City DALLAS	State TX	Zip Code 75265	Transaction ID : SE.4231 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAILING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4138.16</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3739.12</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 27 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee AMERICAN EXPRESS			Date of Public Distribution/Dissemination 09 / 29 / 2015	
Mailing Address PO BOX 650448			Amount 229.45	
City DALLAS	State TX	Zip Code 75265	Transaction ID : SE.4226	
Purpose of Expenditure TELETOWN HALL ROOM, MEAL & MILEAGE		Category/ Type 004	Date of Disbursement or Obligation 11 / 03 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 58269.04		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee AMERICAN EXPRESS			Date of Public Distribution/Dissemination 09 / 29 / 2015	
Mailing Address PO BOX 650448			Amount 229.46	
City DALLAS	State TX	Zip Code 75265	Transaction ID : SE.4227	
Purpose of Expenditure TELETOWN HALL ROOM, MEAL & MILEAGE		Category/ Type 004	Date of Disbursement or Obligation 11 / 03 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 15051.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			458.91	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>		Date 01 / 12 / 2016 <div style="text-align: right;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee CAMPAIGN COMMUNICATIONS LLC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015	
Mailing Address 191 MAIN STREET		Amount 5000.00	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.4136
Purpose of Expenditure VOTER CONTACT eMAILS	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CAMPAIGN COMMUNICATIONS LLC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015	
Mailing Address 191 MAIN STREET		Amount 5000.00	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.4137
Purpose of Expenditure VOTER CONTACT eMAILS	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee CAMPAIGN COMMUNICATIONS LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2015	
Mailing Address 191 MAIN STREET			Amount 2150.00	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.4236	
Purpose of Expenditure VOTER CONTACT eMAILS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 39629.02		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee CAMPAIGN COMMUNICATIONS LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2015	
Mailing Address 191 MAIN STREET			Amount 2150.00	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.4241	
Purpose of Expenditure VOTER CONTACT eMAILS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 82846.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4300.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date MM / DD / YYYY 01 / 12 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP	FEC IDENTIFICATION NUMBER ▼ C C00586826
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee CONSERVATIVE CONNECTOR LLC [MEMO ITEM]			Date of Public Distribution/Dissemination 10 / 09 / 2015	
Mailing Address 435 E MAIN ST SUITE 250			Amount 183.80	
City GREENWOOD	State IN	Zip Code 46143	Transaction ID : SE.4145	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 10 / 16 / 2015	
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 13346.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CONSERVATIVE CONNECTOR LLC [MEMO ITEM]			Date of Public Distribution/Dissemination 10 / 09 / 2015	
Mailing Address 435 E MAIN ST SUITE 250			Amount 183.79	
City GREENWOOD	State IN	Zip Code 46143	Transaction ID : SE.4146	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 10 / 16 / 2015	
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

01 / 12 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee CONSERVATIVE CONNECTOR LLC			Date of Public Distribution/Dissemination 10 / 09 / 2015	
Mailing Address 435 E MAIN ST SUITE 250			Amount 183.80	
City GREENWOOD		State IN	Zip Code 46143	Transaction ID : SE.4234
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004		Date of Disbursement or Obligation 10 / 16 / 2015
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 13530.06			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CONSERVATIVE CONNECTOR LLC			Date of Public Distribution/Dissemination 10 / 09 / 2015	
Mailing Address 435 E MAIN ST SUITE 250			Amount 183.79	
City GREENWOOD		State IN	Zip Code 46143	Transaction ID : SE.4235
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004		Date of Disbursement or Obligation 10 / 16 / 2015
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 183.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			367.59	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE			Date 01 / 12 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ELEVENTY MARKETING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2015	
Mailing Address 453 S HIGH ST SUITE 101		Amount 500.00	
City AKRON	State OH	Zip Code 44311	Transaction ID : SE.4104
Purpose of Expenditure eMAIL VOTER CONTACT	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		13530.06	

Full Name of Payee ELEVENTY MARKETING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2015	
Mailing Address 453 S HIGH ST SUITE 101		Amount 500.00	
City AKRON	State OH	Zip Code 44311	Transaction ID : SE.4107
Purpose of Expenditure eMAIL VOTER CONTACT	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		183.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 12 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee ELEVENTY MARKETING GROUP LLC			Date of Public Distribution/Dissemination 09 / 22 / 2015	
Mailing Address 453 S HIGH ST SUITE 101			Amount 500.00	
City AKRON	State OH	Zip Code 44311	Transaction ID : SE.4224	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 10 / 21 / 2015	
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 14030.06			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee ELEVENTY MARKETING GROUP LLC			Date of Public Distribution/Dissemination 09 / 22 / 2015	
Mailing Address 453 S HIGH ST SUITE 101			Amount 500.00	
City AKRON	State OH	Zip Code 44311	Transaction ID : SE.4225	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 10 / 21 / 2015	
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 683.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE			Date 01 / 12 / 2016 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on

Full Name of Payee IMAGINE IT DESIGN LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2015	
Mailing Address 100 TEAL LANE #34		Amount 1375.00	
City LAFAYETTE	State LA	Zip Code 70507	Transaction ID : SE.4237
Purpose of Expenditure CREATIVE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 32300.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee IMAGINE IT DESIGN LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2015	
Mailing Address 100 TEAL LANE #34		Amount 1375.00	
City LAFAYETTE	State LA	Zip Code 70507	Transaction ID : SE.4242
Purpose of Expenditure CREATIVE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 75518.88		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2750.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date **01 / 12 / 2016**

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 35 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 43217.87	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4118
Purpose of Expenditure VOTER CONTACT CALLS OVER SERVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 13346.26	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4201
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		13346.26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		13346.26	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 36 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00586826</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2015</div>		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29871.61</div>		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.4203
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2015</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">48633.49</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 19 / 2015</div>		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26033.67</div>		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.4163
Purpose of Expenditure VOTER CONTACT CALLS OVER SERVERAL WKS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 30 / 2015</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">49564.46</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">29871.61</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		[Electronically Filed]

: 97 `A-G79 @ @ B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.4163

The original estimate of \$100,000 was reduced to \$26,033.67 as a result of the program being discontinued. The IE was paid in several installments: \$8,475.13 on 10/30; \$641.18 on 11/04; \$12,781.54 on 11/06 (this payment to IMC includes reimbursement for their payment of \$3,944.13 directly to TeleTown Hall for the 9/29 event); \$302.49 on 11/20; and \$833.32 on 12/03/2015. List costs of \$3,000 billable to this program were paid directly to L2 Political Data by the committee.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 26033.66	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4164
Purpose of Expenditure VOTER CONTACT CALLS OVER SERVERAL WKS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		6346.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 8475.13	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4205
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		58039.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		8475.13	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.4164

The original estimate of \$100,000 was reduced to \$26,033.66 as a result of the program being discontinued. The IE was paid in several installments: \$8,475.13 on 10/30; \$641.18 on 11/04; \$12,781.54 on 11/06 (this payment to IMC includes reimbursement for their payment of \$3,944.13 directly to TeleTown Hall for the 9/29 event); \$302.49 on 11/20; and \$833.32 on 12/03/2015. List costs of \$3,000 billable to this program were paid directly to L2 Political Data by the committee.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP	FEC IDENTIFICATION NUMBER ▼ C C00586826
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 10 / 19 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE			Amount 8475.13	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4206	
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation 10 / 30 / 2015	
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 14821.69			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 10 / 19 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE			Amount 641.19	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4207	
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation 11 / 04 / 2015	
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 58910.23			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9116.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

01 / 12 / 2016

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 12781.55	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4209
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
Name of Federal Candidate DONALD J TRUMP	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought	71691.78		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 12781.54	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4210
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 28473.87		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 302.49	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4211
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 75821.37		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		13084.03	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 302.49	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4212
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 32603.46		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 833.32	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4213
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 77696.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1135.81	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
		[Electronically Filed]	

Full Name of Payee INTEGRAM [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 13 / 2015</div> </div>	
Mailing Address 22695 COMMERCE CENTER CT		Amount <div> <div>1952.10</div> </div>	
City DULLES	State VA	Zip Code 20166	Transaction ID : SE.4153 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 06 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT MAILING		Category/ Type <div>004</div>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>58910.23</div> </div>		District: <u>00</u> State: <u>IA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	833.31
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 45 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INTEGRAM [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Mailing Address 22695 COMMERCE CENTER CT		Amount 1952.10	
City DULLES	State VA	Zip Code 20166	Transaction ID : SE.4155
Purpose of Expenditure VOTER CONTACT MAILING	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		15692.33	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee INTEGRAM		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Mailing Address 22695 COMMERCE CENTER CT		Amount 1952.10	
City DULLES	State VA	Zip Code 20166	Transaction ID : SE.4232
Purpose of Expenditure VOTER CONTACT MAILING	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		73643.88	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		1952.10	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 46 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00586826</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee INTEGRAM			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 13 / 2015</div>		
Mailing Address 22695 COMMERCE CENTER CT			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1952.10</div>		
City DULLES		State VA	Zip Code 20166		Transaction ID : SE.4233
Purpose of Expenditure VOTER CONTACT MAILING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 06 / 2015</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">30425.97</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee L2 POLITICAL DATA			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 19 / 2015</div>		
Mailing Address 2500 - 116TH AVE NE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div>		
City BELLEVUE		State WA	Zip Code 98004		Transaction ID : SE.4222
Purpose of Expenditure LIST COSTS FOR IMC VOTER CONTACT PROGRAM		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 09 / 2015</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">80696.94</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4952.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 47 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00586826</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee L2 POLITICAL DATA		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 19 / 2015</div>	
Mailing Address 2500 - 116TH AVE NE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div>	
City BELLEVUE	State WA	Zip Code 98004	Transaction ID : SE.4223 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 09 / 2015</div>
Purpose of Expenditure LIST COSTS FOR IMC VOTER CONTACT PROGRAM		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">37479.02</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee MARGUERITE LUKSIK, PHD		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2015</div>	
Mailing Address 206 HABICHT STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>	
City JOHNSTOWN	State PA	Zip Code 15906	Transaction ID : SE.4219 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 10 / 2015</div>
Purpose of Expenditure GUEST SPEAKER FOR 9/29 TELETOWN HALL EVENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">74143.88</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3500.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <div style="border-top: 1px solid black; width: 100%;"></div>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>	

SCOTT B MACKENZIE

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP	FEC IDENTIFICATION NUMBER ▼ C C00586826
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MARGUERITE LUKSIK, PHD			Date of Public Distribution/Dissemination 09 / 29 / 2015	
Mailing Address 206 HABICHT STREET			Amount 500.00	
City JOHNSTOWN	State PA	Zip Code 15906	Transaction ID : SE.4220	
Purpose of Expenditure GUEST SPEAKER FOR 9/29 TELETOWN HALL EVENT		Category/ Type 004	Date of Disbursement or Obligation 11 / 10 / 2015	
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 30925.97			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PRECISION DATA MANAGEMENT [MEMO ITEM]			Date of Public Distribution/Dissemination 10 / 27 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount 2058.41	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4181	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 10 / 26 / 2015	
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 17484.44			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

01 / 12 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
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Form/Schedule: SE
Transaction ID : SE.4181

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26
AND \$930.97 ON 10/28/2015.

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee PRECISION DATA MANAGEMENT [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 2058.40	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4185
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		4138.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee PRECISION DATA MANAGEMENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 1127.44	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4253
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		18761.88	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		1127.44	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
		[Electronically Filed]	

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Form/Schedule: SE

Transaction ID : SE.4185

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26
AND \$930.96 ON 10/28/2015.

Form/Schedule: SE

Transaction ID: SE.4253

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26
AND \$930.97 ON 10/28/2015.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 52 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00586826</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee PRECISION DATA MANAGEMENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 27 / 2015</div>	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1127.44</div>	
City RESTON		State VA	Zip Code 20191	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 26 / 2015</div>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5415.60</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee PRECISION DATA MANAGEMENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 27 / 2015</div>	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">930.97</div>	
City RESTON		State VA	Zip Code 20191	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2015</div>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">49564.46</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2058.41</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2016</div>		
[Electronically Filed]				

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Form/Schedule: SE

Transaction ID : SE.4254

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26
AND \$930.97 ON 10/28/2015.

Form/Schedule: SE

Transaction ID: SE.4255

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26
AND \$930.97 ON 10/28/2015.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 54 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP	FEC IDENTIFICATION NUMBER ▼ C C00586826
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee PRECISION DATA MANAGEMENT		Date of Public Distribution/Dissemination 10 / 27 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 930.96	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4256
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 10 / 28 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 6346.56		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PRECISION DATA MANAGEMENT		Date of Public Distribution/Dissemination 10 / 05 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 1042.25	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4240
Purpose of Expenditure LIST RENTALS		Category/ Type 004	Date of Disbursement or Obligation 11 / 30 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 33645.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1973.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

01 / 12 / 2016

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Form/Schedule: SE
Transaction ID : SE.4256

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26
AND \$930.97 ON 10/28/2015.

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 56 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee PRECISION DATA MANAGEMENT			Date of Public Distribution/Dissemination 10 / 05 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount 1042.25	
City RESTON		State VA	Zip Code 20191	Transaction ID : SE.4244
Purpose of Expenditure LIST RENTALS		Category/ Type 004		Date of Disbursement or Obligation 11 / 30 / 2015
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 76863.62			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee TELE-TOWN HALL LLC [MEMO ITEM]			Date of Public Distribution/Dissemination 09 / 29 / 2015	
Mailing Address 4600 N FAIRFAX DRIVE SUITE 802			Amount 4673.59	
City ARLINGTON		State VA	Zip Code 22203	Transaction ID : SE.4125
Purpose of Expenditure VOTER RECRUITMENT FOR IOWA CAUCUS		Category/ Type 004		Date of Disbursement or Obligation 11 / 06 / 2015
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 58910.23			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1042.25	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>SCOTT B MACKENZIE</i>			Date 01 / 12 / 2016 <i>[Electronically Filed]</i>	

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Form/Schedule: SE

Transaction ID : SE.4125

The original estimated expense (\$4,400.00) was short by \$273.59 and the Tele-Town Hall event was paid for in three parts: \$3,944.14 on 11/06, paid by InfoCision Management Corp; \$500 on 11/10/2015 paid by the committee to Dr. Marguerite Luksik, who served as the guest speaker; and \$229.45 was paid to AMEX for room charge, meal and mileage expenses.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 58 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee TELE-TOWN HALL LLC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 4600 N FAIRFAX DRIVE SUITE 802		Amount 4673.59	
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : SE.4126
Purpose of Expenditure VOTER RECRUITMENT FOR NEW HAMPSHIRE PRIMARY		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		15692.33	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee TMA DIRECT INC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 750.00	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4109
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
		[Electronically Filed]	

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Form/Schedule: SE
Transaction ID : SE.4126

The original estimated expense (\$4,400.00) was short by \$273.59 and the Tele-Town Hall event was paid for in three parts: \$3,944.13 on 11/06, paid by InfoCision Management Corp; \$500 on 11/10/2015 paid by the committee to Dr. Marguerite Luksik, who served as the guest speaker; and \$229.46 was paid to AMEX for room charge, meal and mileage expenses.

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 60 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee TMA DIRECT INC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 750.00	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4110
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee TMA DIRECT INC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 500.00	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4170
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee TMA DIRECT INC [MEMO ITEM]			Date of Public Distribution/Dissemination 10 / 22 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount 500.00	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4173	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 10 / 21 / 2015	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 183.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee TMA DIRECT INC [MEMO ITEM]			Date of Public Distribution/Dissemination 10 / 27 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount 334.82	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4180	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 10 / 21 / 2015	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 13530.06			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE			Date 01 / 12 / 2016 <i>[Electronically Filed]</i>	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 62 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee TMA DIRECT INC [MEMO ITEM]		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 27 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 334.81	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4183
Purpose of Expenditure eMAIL VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 21 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		183.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee TMA DIRECT INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 22 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 750.00	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4228
Purpose of Expenditure eMAIL VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 21 / 2015
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		14780.06	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		750.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M / D D / Y Y Y Y 01 / 12 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00586826 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee TMA DIRECT INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2015</div> </div>		
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div>		
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4229 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 21 / 2015</div> </div>		
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Name of Federal Candidate DONALD J TRUMP		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1433.79</div>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		

Full Name of Payee TMA DIRECT INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 22 / 2015</div> </div>		
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4245 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 21 / 2015</div> </div>		
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Name of Federal Candidate DONALD J TRUMP		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">15280.06</div>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1250.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 12 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 64 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee TMA DIRECT INC			Date of Public Distribution/Dissemination 10 / 22 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount 500.00	
City RESTON		State VA	Zip Code 20191	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Transaction ID : SE.4246 Date of Disbursement or Obligation 10 / 21 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		1933.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee TMA DIRECT INC			Date of Public Distribution/Dissemination 10 / 27 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250			Amount 334.82	
City RESTON		State VA	Zip Code 20191	
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Transaction ID : SE.4248 Date of Disbursement or Obligation 10 / 21 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		15614.88		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			834.82	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>		[Electronically Filed]		Date 01 / 12 / 2016

Full Name of Payee TMA DIRECT INC		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 05 / 2015</div> </div>	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount <div> <div>MM / DD / YYYY</div> <div>150.00</div> </div>	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4239 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 26 / 2015</div> </div>
Purpose of Expenditure DATA		Category/ Type 004	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: NH
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>4288.16</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>484.81</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 66 OF 66
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee TMA DIRECT INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2015		
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 150.00		
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4243	
Purpose of Expenditure DATA		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		17634.44		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		122475.96		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date MM / DD / YYYY 01 / 12 / 2016